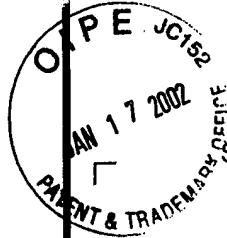


CERTIFICATE OF MAILING

AF/1600

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Name (Print/Type)	Donna Macedo	Signature	<i>Donna Macedo</i>	Date	11-05-2001
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TRANSMITTAL

Small Entity

Large Entity

Application Number	09/440,829
Confirmation Number	N/A
Filing Date	November 15, 1999
First Named Inventor	Chenchik et al.
Examiner	Forman, B.
Group Art	1655
Attorney Docket No.	CLON015

ENCLOSED:	Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
<input checked="" type="checkbox"/> Amendment Under Rule 37 CFR § 1.116	Total	24	24	0	\$ -	
<input checked="" type="checkbox"/>	Independent	5	5	0	\$ -	
<input checked="" type="checkbox"/>	Multiple					
Total Extra Claim Fees					\$ -	

<input type="checkbox"/> Applicants Petition for an Extension of time from _____ to _____	A _ month extension was previously filed and paid for thereby reducing the basic fee	Fee _____
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<input type="checkbox"/> Response to File Missing Parts (with copy of formalities letter)	<input type="checkbox"/> Filing Fee	Fee _____
	<input type="checkbox"/> Executed Declaration	Pages _____ Surcharge Fee _____
	<input type="checkbox"/> Other	Fee _____
		Subtotal \$ -

<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> PTO Form 1449	Pages _____	<i>RECEIVED JAN 22 2002 TECH CENTER 1600/2900</i>
	<input type="checkbox"/> Copies of Cited References	Fee _____	
	<input type="checkbox"/> Other	Fee _____	
		Subtotal \$ -	

<input type="checkbox"/> Response to Notice to Comply (with copy of Notice to Comply)	<input type="checkbox"/> Sequence Listing Certification	Pages _____
	<input type="checkbox"/> Paper Copy of Sequence Listing	Fee _____
	<input type="checkbox"/> Diskette in computer-readable format	Fee _____
	<input type="checkbox"/> Other	Fee _____

<input type="checkbox"/> Terminal Disclaimer		Fee
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group		
<input type="checkbox"/> Notice of Appeal	Pages _____	Fee _____
<input type="checkbox"/> Appeal Brief in Triplicate	Pages _____	Fee _____
<input type="checkbox"/> Reply Brief	Pages _____	Fee \$ -
		Subtotal \$ -
<input type="checkbox"/> Other Enclosures and/or Fees	Fee _____	
<input type="checkbox"/> Change of Correspondence Address		
<input checked="" type="checkbox"/> Return Receipt Postcard	TOTAL FEES \$ -	
<p>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore.</p>		
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED		
Name (Print/Type)	Bret E. Field	Registration No. 37,620
Signature	Date 11-05-2001	
Firm Name	Bozicevic, Field & Francis LLP	Address 200 Middlefield Road, Suite 200
City	Menlo Park	State California zip 94025
Telephone - Direct Dial	Facsimile 650-327-3231	

Application No. 09/440,829 Attorney Docket No. CLON015 Page 2 of 2